U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, finas, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Day Only READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
E (1132005 -)		
1. File Number U - 278	2. Fiscal Year Covered From:	
	1 / 2004 Through: 12 / 31 / 2004	
3, Name and address of person fling.	4. Name, file number, and address of labor organization.	
Name Tim Keough	Name Chicago Regional Council of Carpenters	
	Labor Organization File Number 001-949	
P.O. Box, Bidg., Room No., if any Suite E	P.O. Box, Building and Room Number, if any	
Sweet 2460 West Main Street	Street 12 East Grie	
City St. Charles	City Chicago	
State Illinois Zip Code + 4 :60175	State Illinois ZIP Code + 4 [5051]	
Enter appropriate data below if, during the past fiscal year, you or your sponsor (axcept as specified in the exclusion of th	alons set forth in the instructions): derived income or other economic benefit of	
6. Name and address of Employer (including trade name, if any),	7.a. Neture of Interest. Transaction, or Income.	
Name		
Trade Name, if any:	Provide the second seco	
P.O. Box, Bidg., Room No., if any		
Street Street	7.b. Amount	
City	The state of the s	
State State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declarea, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ring documents), has been examined by the alguatory and is, to the best of the	

Name of Person Filing Tim Keough	File Number	u. 2787	
B. Held an interest in or derived income or aconomic banefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or in actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
6. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name WhitTield & McGann			
Trade Name, If any:	a. Labor Organization		
	b. Trust		
P.O. Box, Bldg., Room No. If any Stite 1601	c. Employer		
Street Two North LaSalle	Authoritys*		
Chy Chicago			
State IIIInois: ZIP Code + 4 60602	-		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name [1948 1.4	Received ham during the Ho	liday Season, 12/04.	
Trade Name, if any: (1997)			
P.O. Box, Bidg. Room No., if any			
Street	11.b. Approximate dollar value of such de	eling. S44	
City City Control of the City City City City City City City City	12.s. Nature of interest held or income		
State Till de partir la partir de ZIP Code + 4 [] Ellis de partir de la partir dela partir de la partir de la partir de la partir de la partir dela partir de la partir dela partir del	12.a. Nature of interest held of income		
	12.b. Amount.	(Parker order -) order and the received of the received of the received of the received of the received order or the received of the received order or the received order or the received or the received order	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	ւնայի ուներ հայացանի հետ Հանրա արար և արարական ինչ է իր չի	
(Including trade name, if any).	The control of the co	en senjage (og skenser) givinnen Mehankingen i jagen jag 19 maaring han kan kan kan kan kan kan kan kan kan k	
Name Programmy State of State	yen confitted by consecutive and the security security of the	the season of th	
Trade Name, If any:	and the second of the second o	And the state of t	
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State ZIP Code + 4	14.s. Nature of payment.	The state of the s	
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	in the control of the	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date